

Deposit Account Window Help





Deposit Account

| | | | |
|----------------|-------------------------------------|------------------------|-----------------------------------|
| Number: | <input type="text" value="502664"/> | Balance Amount: | <input type="text" value="6.00"/> |
|----------------|-------------------------------------|------------------------|-----------------------------------|



Holder

| | | |
|--------------|--|---|
| Name: | <input type="text" value="PARSONS HSUE & DE RUNTZ LLP"/> |  |
|--------------|--|---|

Address

| | | | |
|-------------------|---|---------------------|---|
| Attention: | <input type="text" value="ACCOUNTS PAYABLE"/> | | |
| Street: | <input type="text" value="595 MARKET STREET"/> | | |
| | <input type="text" value="SUITE 1900"/> | | |
| Province: | <input type="text"/> | | |
| City: | <input type="text" value="SAN FRANCISCO"/> | | |
| State: | <input type="text" value="CA"/>  | Postal Code: | <input type="text" value="94105"/> |
| Country: | <input type="text" value="US"/>  | | |
| Telephone: | <input type="text" value="415-693-0119"/> | Fax: | <input type="text" value="415-693-0194"/> |

Details

| | | | |
|--------------------------|---|--|--|
| Category Code: | <input type="text" value="NONGOVNMNT"/>  | Type: | <input type="text" value="REGULAR"/>  |
| Notification Amt: | <input type="text" value="0.00"/> | Status | |
| Access Code: | <input type="text"/> | <input checked="" type="radio"/> Active <input type="radio"/> Closed | |

NOTICE OF FEE DUE

DATE:

03-21-06

TO:

IFW

FROM:

Office of Initial Patent Examination

SUBJECT:

Fee Due

APPLICATION NUMBER

10/686,399

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

☐

Insufficient fee by check

☒

Insufficient funds in deposit amount

☐

Insufficient by Credit Card

☐

Declined credit card

☐

Non-authorization for charge to deposit account

☐

No fee submitted per requirement

The correct fee code: 1202 + 1251

Amount

\$ 50 + 120

The suspended fee code: 1999

Amount

\$ _____

The suspended 1622

Amount

\$ _____

The suspended 2622

Amount

\$ _____

Fee Due

\$ 170.00

Terminal Operator

HALL